



KENTUCKY JUSTICE & PUBLIC SAFETY CABINET
DEPARTMENT OF CRIMINAL JUSTICE TRAINING

**APPLICANT REQUEST FOR TRAINING FOR LICENSE TO
CARRY CONCEALED DEADLY WEAPONS**

(INFORMATION MUST BE TYPED OR PRINTED LEGIBLY)

TYPE OF APPLICATION _____ A=APPLICANT I=INSTRUCTOR IT=INSTRUCTOR-TRAINER

SOCIAL SECURITY #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	SEX	DATE OF BIRTH

MAILING ADDRESS (STREET, CITY & ZIP CODE)

TRAINING INFORMATION

	Date	Hours	Location	County
CLASSROOM:				
RANGE:				

**I hereby certify that I attended the above class and
acknowledge that I have received copies of sections of KRS Chapter 237, 527 and 503.**

DATE

APPLICANT'S SIGNATURE

INSTRUCTOR SECTION

COURSE GRADE	INSTRUCTOR		INSTRUCTOR PHONE #
	NAME	NUMBER	
Written Exam: _____			
Firing Range: Pass ____ Fail ____			

I hereby certify that I am currently a "qualified firearms instructor" under 503 KAR, Chapter 4; that I followed the approved curriculum in teaching this course; and that the above named person attended this course.

INSTRUCTOR'S SIGNATURE

DATE

**RELEASE OF LIABILITY, AGREEMENT TO WAIVE CLAIMS, EXPRESS
ASSUMPTION OF RISKS, AND INDEMNITY AGREEMENT**

(Read the following and be certain you understand the implications of signing.)

By signing this document I understand that I waive certain legal rights, including the right to sue.

**EXPRESS ASSUMPTION OF THE RISKS ASSOCIATED WITH
HANDLING, CARRYING, AND SHOOTING FIREARMS**

I, _____ do hereby affirm and acknowledge that I have been informed of inherent hazards and risks associated with firearms and their carrying and storage, including in the home. I fully understand that these risks can lead to severe injury and even death. I understand that use of a firearm for personal protection may lead to criminal and/or civil charges being brought against me. Despite the potential hazards and dangers associated with firearms, and personal protection, I wish to proceed and I freely accept and expressly assume all risks, dangers, and hazards that may arise from firearms and personal protection and which could result in personal injury, death and property damage to myself or others. I understand that a repeated or flagrant violation of safety rules on the range or otherwise during training may result in my ejection from training without rebate of the fee.

**RELEASE OF LIABILITY, AGREEMENT TO WAIVE CLAIMS, EXPRESS
ASSUMPTION OF RISKS, AND INDEMNITY AGREEMENT**

In consideration of being allowed to participate in required training for the carrying of concealed deadly weapons, as well as the use of any of the facilities and use of the equipment of a releasee, I hereby agree as follows:

1. TO WAIVE AND RELEASE ANY AND ALL CLAIMS, DIRECT OR INDIRECT, that I may have in the future against any of the following named persons or entities (hereinafter referred to as Releasees):

Instructor(s) _____
The Kentucky Department of Criminal Justice Training, its agents and employees

2. To release the releasees, their officers, directors, employees, representatives, agents and volunteers, from all liability and responsibility, whatsoever, for any claim or cause of action that I, my estate, heirs, executors or assigns may have for personal injury, property damage or wrongful death arising from firearms use, including self-defense, defense of another or other use, whether caused by the active or passive negligence of the releasees or otherwise. By executing this document, I agree to hold the releasees harmless for any injury or death which may occur to me or others during firearms use as above or during firearms instruction.
3. By entering into this Agreement, I am not relying on any oral or written representations or statements made by the Releasees, other than what is set forth in this Agreement. I further agree that this Agreement shall be governed by and interpreted in accordance with the laws of the Commonwealth of Kentucky, United States of America.

I hereby declare that I am 21 years of age or above and am competent to sign this Agreement.
I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, I AGREE TO BE BOUND BY IT.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF WITNESS _____ DATE _____
(Other than an instructor)